	SHAFEVICES OF TURE CLONIS			
FLORIDA DEPARTMENT OF STA	0490 UARULINE 01., 01E. 1			
CAMPAIGN TREASURE	R'S REPORTOSUMMARY592			
(1) Robert Randle	2008 OCT 29 PHC 3 52			
Name				
(2) 4960 Highway 90 # 134 Address (number and street)				
·				
Pace, FL 32571-0000 City, State, Zip Code				
Check box if address has changed (4) Check appropriate box(es):	(3) I.D. Number: <u>00000</u>			
X Candidate (office sought): Sheriff of Santa Rosa Coun	<u>_</u>			
	eck if PC has DISBANDED			
Committee of Continuous Existence	eck if CCE has DISBANDED			
Party Executive Committee				
Electioneering Communication Che	eck if no other electioneering communication reports will be filed			
(5) REPORT I	DENTIFIERS			
Cover Period: From 08/22/2008 To 09/30/2008	Report Type: TR			
V Original Amendment Cassisl Flor				
X Original Amendment Special Elec	tion Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks\$0.00	Monetary Expenditures \$1,095.48			
	Transfers to Office			
Loans\$0.00	Account\$0.00_			
Total Monotony \$0.00	Total Manatany \$1,095.48			
Total Monetary	Total Monetary			
In-Kind \$0.00	(8) Other Distributions \$0.00			
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date			
\$43,270.00	\$43,270.00			
(44) CERT	CICATION			
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
it is a first degree misdemeanor for any perso	on to faisity a public record (ss. 839.13, F.S.)			
I certify that I have examined this report and it is true, correct and complete	I certify that I have examined this report and it is true, correct and complete			
Lois B. Hudson	Robert C. Randle			
Individual (only for Treasurer Density Treasurer	Chairman (anly for PC PTV 8			
electioneering X Tradadict	X Candidate electioneering commun. organization)			
X You & Hudson	x ilabit Mandle			
Signature	Signature			
oignaturo /	Oignature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Robert Randle			(2) I.D. Number		00000	
(3) Cover Peri	od 08/22/2008 - 09/30/2008			(4) Pag	ge	0 of 0	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
(6)	Full Name (Last, Suffix, First, Middle)	Co	ntributor				
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
_	Nothing to report on	this	form				
	reaming to report on						
						 	
]	:			
]	
		_		-			
_							
		•					
			,				
				!			
		1					
	•		ĺ]	ı

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

1) Name Robert Randle		(2) I.D. Number	er <u>00000</u>		
(3) Cover Peri	od 08/22/2008 - 09/30/2008		(4) Page	1 of 1	
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
08/26/2008	Randle, Robert 1131 Pearson Rd Milton Fl 32583-0000	Reimbursement for Food	MON		\$ 106.48

